2024 APPLICATION FOR MEMBERSHIP

DEPOSITED

MAIL OR DROP	COMPLETED	APPI ICATION	TO

adults

Members who refer FULL SEASON Memberships receive 10 free passes. Members who refer HALF or WEEKENDER Memberships receive 5 free passes.

Larchmont Swim Club 291 Larchmont Boulevard Mt. Laurel, NJ 08054

member information

Name:		Address:	
Ivallie	// DOB	Mudiess	
Name:	//		
	DOB	Telerhene Number	
Name:	//	Telephone Number:	
	DOB	Email:	
children			
		membership type	9
Name:	1 1		ate Weekend
	DOB		
Name:	//		_
	DOB	check informatio	n////
Name:	//		_
	DOB		/
Name:	//	Amount	Check #
	DOB		
Name:	//	credit card inform	nation 3% processing fee
	DOB		Jan
NUMBER OF GUEST BOOKS ORD	ERED:		
		Amount	Billing Zip
If a member is discovered pass	ing their mem-		
bership card to a non-member		Name	
the Club, their membership wil			
ed immediately with NO REFUND and future applications will not be accepted from either		Card #	
member or non-member.			/
		Exp. Date	CVC

HOW DO I APPLY FOR A MEMBERSHIP?

- 1. Complete the 2024 application and enclose payment in full.
- 2. <u>NEW MEMBERS</u> send in a *labeled* picture of each individual to fit a 2"x4" membership card. <u>EXISTING MEMBERS</u> only send in pictures if you need new cards. Otherwise hold on to your cards, and they will be updated in our computers for 2024 Season.
- 3. Membership cards are not MAILED. They are available for pickup after we open on May 25th.

I hereby attest that the information is true and I understand that there are no refunds or membership switches after May 24, 2024. Members and guests swim and park at your own risk.

Signature

Date

(New Members Only) Referred By: